8th ANNUAL WHOOPIE PIE 5K Saturday, November 29, 2025

5K Run / Walk to Benefit Relay for Life & 4 Girls On A Mission

WHEN: Saturday, November 29, 2025

8:30 AM- Registration 10:00 AM- 5K Run/Walk *Awards to Follow

WHERE: Cocalico Eagle Stadium:

700 South 4th Street, Denver, PA 17517

The course takes a flat route through Lancaster County residential and farm country.

Excellent for PR's, kids, and jogging strollers.

ENTRY: \$30 non-refundable if registered by November 1st, includes custom socks! \$35 after

November 1st including race day, race swag while supplies last. All proceeds donated to

the American Cancer Society and 4 Girls On A Mission. Check out our website

4girlsonamission.org for more information on this non-profit organization.

AWARDS: TOP MALE & FEMALE OVERALL. Plus TOP 3 MALE & FEMALE IN EACH AGE GROUP

14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over.

AMENITIES: 5K professionally timed. Results posted on www.pretzelcitysports.com. Enjoy a pumpkin

whoopie pie and other refreshments after the race! Every participant gets one raffle ticket for awesome door prizes! Additional tickets available for purchase. Want more chances to win? Bring a package of men or women's underwear for our outreach program and receive one free raffle ticket per package donated. Held Rain, Sun or

Snow.

DIRECTIONS: 222 to Exit for Denver/PA Turnpike. Follow 272 South. Turn right at light (at Riviera

Restaurant) onto West Church Street. Continue to Main Street, Denver. Turn left at light

onto South 4th Street. Stay to right at "Y" in road. Stadium on right.

PARKING: Denver Elementary School, Cocalico Stadium and along 4th Street. **CONTACT:** Allison Weber- Race Director, jna1228@gmail.com or 717-587-9998

***Optional Online Registration available at www.pretzelcitysports.com (Nominal processing fee applies, closes at midnight, the Wed. of race week)

MAKE CHECK PAYABLE TO: 4 Girls On A Mission MAIL CHECK & FORM BELOW TO: Sheri Golembiewski | 106 S. Elm St. | Robesonia, PA 19551

l aet Namo:	First Name:			
Last Name	I list Name.			
Address:		City:	State:	Zip:
Sex: M F	Race Day Age:	Date of Birth:/_		
Sock Size: Sm	all/Med (M-Size 5-9 / W-	Size 6-10) OR Large/Ex L	arge (M-Size 9-13	/ W-Size 10-14)
Phone: ()_	Email:			_
know that there will be to race including but not lii appreciated by me. Kno else who might claim on all municipalities in whice on their behalf, or anyon nature what so ever aris seen or unforeseen, kno	raffic on the course and assume the ris mited to falls, contact with other partic wing these facts, and in consideration my behalf, covenant not to sue, and when the race is held, the race committee else associated in any way with the ring out of, or in the course of, my parti wn or unknown. By entering this race, y see fit without review, restriction or or	ardous activity. I should not enter and run sk for running in traffic. I also assume any ipants, the affects of the weather and the c of your accepting my entry fee, I hereby fo raive, release and discharge Pretzel City Sp., volunteers, any and all sponsors includir race, from any or all claims or liability for d cipation in this event(s). This waiver exten I am granting permission to Pretzel City Sp. compensation. Insurance provided by Roar	or all other risks associated wondition of the roads, all such r myself, my heirs, executors, sorts, Plowing Over Cancer, ang their agents, employees, as eath, personal injury or propeds to all claims of every kind coorts to use any pictures or lik	vith running or attending the risks being known and administrators or anyone ny subcontractors it utilizes, signs or anyone acting for rty damage of any kind of or nature what so ever, fore- tenesses of me secured at
I HAVE READ AND UND	ERSTAND THIS WAIVER: (if under 18,	legal guardian must sign)		
Signature:			Date:	//2025